



Rev. 08/01/2003

Attorney Docket No. MTEC-002/00US

Client Reference No.: 0119.00US

PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on FEBRUARY 18, 2005.

By: _____

Dolores McKay
Dolores McKay

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of THEKKATH et al.

Serial No.: 09/844,671

Examiner: Shaawat, Mussa

Confirmation No.: 8986

Art Unit: 2128

Filed: April 30, 2001

For: **PROGRAM COUNTER AND DATA TRACING FROM A MULTI-ISSUE
PROCESSOR**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF RESPONSE

Enclosed are the following documents in response to the Office Action mailed on November 19, 2004, for the above-identified application:

- ☒ Amendment/Response
- ☒ Information Disclosure Statement Transmittal, Information Disclosure Statement, and Form PTO/SB08
- ☒ Check in the amount of \$180.00 for the total fee as calculated below
- ☒ Return receipt postcard
- ☐ Petition for Extension of Time
- ☐ Request for Approval of Drawing Changes
- ☐ Notice of Appeal
- ☐ Associate Power
- ☐ Revocation and New Power
- ☐ Change of Address
- ☐ Other:

The fee has been calculated as follows:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Total Claims	21	- 21 =	0	x \$50.00	\$0.00
Independent Claims	6	- 6 =	0	x \$200.00	\$0.00
If multiple dependent claims are presented, add \$360.00					
Total Amendment Fee					\$0.00
If small entity status is applicable, subtract 50% of Total Amendment Fee					
Other fees: Information Disclosure Statement					\$180.00
TOTAL FEE DUE					\$180.00

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 03-3117.

Dated: Feb. 18, 2005

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Respectfully submitted,
COOLEY GODWARD LLP

By: _____

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